



Assisted Registration: Application to Register for a My Health Record – Child

Purpose of this Form

This is an application for assisted registration for a dependant under the age of 14 years under the *My Health Records Act 2012*.

Registration for a My Health Record is voluntary.

Questions 1 – 4 must be completed by the person with parental responsibility for this dependant.

Alternatively, you can register for a My Health Record:

- Online
- By phoning the My Health Record Help line on **1800 723 471**
- By mail
 - see www.digitalhealth.gov.au for information.

In this form, the terms ‘we’ and ‘us’ mean the Australian Digital Health Agency (the Agency). These terms may also refer to the Agency’s delegates, including the Chief Executive Medicare and relevant contracted service providers that help carry out My Health Record functions.

IMPORTANT

You need to read the **Assisted Registration: Essential Information** before you fill out this application. This describes the way in which your personal information will be collected, handled and disclosed if you continue with your application.

i Note: Giving false or misleading information is a serious offence.

To apply

Before you complete this form, make sure:

- **you meet the requirements to be an authorised representative** – refer to the web page <https://www.digitalhealth.gov.au/mhr/authorised-representative>
- **both you and your dependant have an Individual Healthcare Identifier (IHI)** – an IHI is a unique 16-digit number used to identify an individual for healthcare purposes. It helps ensure the right information is associated with the right individual at the point of care. If you and your dependant are enrolled in Medicare, or are listed on a Medicare or DVA card, you will already have an IHI. If you or your dependant are not enrolled in Medicare and are not listed on a Medicare or DVA card, you need to get an IHI before applying for a My Health Record.

Your details

Please provide the following information about yourself

1. Family name

2. First given name

3. Other name(s)

4. Sex Male Female

5. Date of birth (dd/mm/yyyy)

6. Please provide the following:

Your Medicare
card number

Your Individual Reference Number (IRN)
(number beside your name)

i Note: These numbers are on the front of your Medicare card

Your dependant's details

7. Family name

8. First given name

9. Other name(s)

10. Sex Male Female

11. Date of birth (dd/mm/yyyy)

12. Please provide the following for your dependant:

Their Medicare
card number

Their Individual Reference Number (IRN)
(number beside your name)

i Note: These numbers are on the front of the Medicare card

13. Is your dependant of Aboriginal or Torres Strait Islander origin?

Please read this before answering question 13

This question is optional, it will assist in the planning and provision of appropriate and improved healthcare and services. If you do not answer, your dependants My Health Record will show 'not stated':

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

14. How do you wish to receive your Identity Verification Code?

Please read this before answering question 14

Upon the success of your application, we will provide you with an Identity Verification Code (IVC) to access your My Health Record online.

By SMS to:

By email to:

Through the healthcare provider organisation:

15. Information you DO NOT want included in your dependant's My Health Record

Please read this before answering:

The Chief Executive Medicare may hold information about your dependant that will be included in your dependant's My Health Record, including details of claims up to 2 years old. The information may indicate diagnosed conditions and illnesses, and can help healthcare providers understand your dependant's health.

MBS and PBS information in a dependant's My Health Record comes from all Medicare cards the dependant is listed on.

All representatives who have access to a dependant's My Health Record can view this information.

You can choose not to include this information by ticking one or more boxes below. You can change these settings in your dependant's My Health Record at any time.

Claims for Medicare benefits under the MBS

Do not include details of past MBS claims (future claims will be included)

OR

Do not include details of past or future MBS claims

Claims for pharmaceutical benefits under the PBS

Do not include details of past PBS claims (future claims will be included)

OR

Do not include details of past or future PBS claims

Other information

Do not include details of vaccinations sourced from the Australian Immunisation Register (AIR).

Your signature

I am applying to be the authorised representative of my dependant and to register my dependant for a My Health Record if they don't already have one, and:

- I declare that the information in this application is accurate, and any supporting documents are correct, and
- I declare that I have parental responsibility for this dependant, and
- I declare that, to the best of my knowledge, I am eligible to be my dependant's authorised representative, and
- I understand my dependant's health information will be uploaded to the My Health Record system by registered healthcare provider organisations involved in my dependant's care, subject to any express advice I give my dependant's healthcare providers not to upload that information.

Date: _____

Applicant's signature

- END OF FORM -